Gloucestershire County Council.

ANNUAL REPORT
of the County Medical Officer of Health
for the year 1944.

LANGHAM HOUSE,
BERKELEY STREET,
GLOUCESTER,
August, 1945.

To the Chairman and Members of the Public Health Committee.

MISS RATCLIFFE, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health of the County for the year 1944. It was not possible to complete the report for the meeting of the Committee in June, as is usually done, owing to the late receipt of statistics from the Office of the Registrar General. The report follows the general lines of its war-time predecessors and is a brief document containing a summary of the statistics and work of the year with some comments on the more important aspects of the health services.

Vital Statistics.

The death rate is 12.2 which is a very slight increase on that of last year of 12.1, and the birth rate again shows an increase from 18.7 last year to 20. The Infantile Mortality rate shows an increase from 40 last year to 46 in 1944, which is the highest rate since 1941. A special note on this item is contained in the text of the report. The rate for the Country as a whole is 46.

Infectious Diseases.

The number of cases of Diphtheria notified is 237 as compared with 347 in 1943. This is the smallest number of cases since 1937 and the number of deaths was only 12 which compares favourably with previous years. Immunisation of children against diphtheria continued, and a total of 36,055 school children (between 5 and 15 years) and 14,827 pre-school children had been immunised by December, 1944. The respective percentages are 78 and 50.1. A further intensive campaign to increase the response from parents of younger children has been undertaken during the first half of 1945.

The number of cases of Scarlet Fever diminished from 1,205 in 1943 to 996 in 1944 and only one death occurred. There has been a decrease in the number of cases of Scabies reported from schools, 731 being dealt with as compared with 947 in 1943. These cases are notified to the District Medical Officer of Health to enable him to deal with infected households. Treatment is carried out at Minor Ailment Clinics, Sick Bays and Cleansing Centres.

Maternity Services.

In my Annual Report of last year the difficulties associated with the admission to hospital of patients from unsuitable homes in the vicinity of Bristol were mentioned. It had been the practice to admit these patients to Southmead Hospital by arrangement with the Bristol Corporation, but owing to increased calls from residents in Bristol the Corporation terminated the arrangement. Accommodation had therefore to be found for some two hundred patients per year, and in July 1944 the County Council opened a Maternity Home of eleven beds at Downend to meet this need. It is now possible to deal with normal cases from unsuitable homes in county areas adjacent to Bristol by admission to Downend Maternity Home and abnormal cases still go to Southmead Hospital.

The other Maternity Homes at Cheltenham (60 beds) and at Tetbury (16 beds) deal with patients from the remainder of the County, and although serious difficulties have been experienced in obtaining trained midwives to staff these Homes, all demands for accommodation have been met.

A considerable number of patients, whose homes are otherwise suitable for confinement to take place there, seek assistance because there is no one to look after them and their families during the confinement. To cater for this need the Home Help Service in the County was extended during the year. A number of whole-time home helps were engaged and others willing to undertake part-time service in their own neighbourhood were registered. In order to place the work on the basis of a county social service, home helps are provided with overalls and a special armlet to be worn on duty. This service is now available not only to maternity patients but in households where domestic difficulties arise through illness.

It was found necessary during the year, owing to depletion of the staff of dental surgeons, to make arrangements for the dental treatment of expectant and nursing mothers through private dental practitioners. Patients requiring dental treatment are now referred to the dentist of their choice and the work, including the provision of artificial dentures, is paid for by the County Council at an agreed rate. Unfortunately it has been necessary to discontinue educational work on dental matters at Child Welfare and other Centres since the three remaining whole-time dental surgeons cannot even meet the demands for dental treatment of school children.

There has again been a marked increase in the number of illegitimate births, and the arrangement made with the Diocesan Associations for Moral Welfare to act on behalf of the County Council in giving advice and help to unmarried expectant mothers has met an increasing need. All cases coming to the notice of the Associations are reported to the health department and applications received directly are referred to the social workers of the Associations to enable them to visit and advise. Patients are admitted to County Maternity Homes for confinement and where it is considered necessary, the County Council bear part of the cost of maintenance in hostels before and after confinement. It is frequently necessary to arrange for the admission of the illegitimate infants to a residential nursery for a short period owing to domestic difficulties in the home of the mother or pending adoption and the County Council are negotiating for the purchase of a property to be used as a permanent short stay residential nursery for this type of child, and for the reception of other infants from homes where there is no one to look after them during the confinement or illness of the mother. Pending the completion of the arrangements for this nursery, another house, Stanley Hall, near Stroud, has been rented and provides accommodation for twenty-five children. By arrangement with the Ministry of Health beds are also available at Stratford Park Nursery for a limited number of county children. These extensions of the services available for the care of young infants are serving a most useful purpose and the provision of residential nursery accommodation for selected children will be a permanent feature of the future health services.

Hospitals.

The future of the hospital services of the County has been a matter of concern to the Public Health Committee for several years, and it has been realised that extensions and development of all services are urgently necessary.

In 1943 a conference of representatives of voluntary hospitals, local authorities and other interested bodies was called and subsequently a Joint Consultative Hospitals Committee was formed to consider all matters pertaining to the provision of hospital accommodation in the County and to make recommendations as to future policy. The County Medical Officer, who was appointed Honorary Secretary of the Committee, produced a general plan for the future organisation of hospitals which, with certain modifications, was adopted by the Joint Committee and submitted to the Surveyors of the Ministry of Health as the considered and agreed opinion of all hospitals and hospital authorities in the County.

It is pointed out in the report that for hospital purposes the County falls into two parts, that in the neighbourhood of Bristol and the northern and midland districts with the Forest of Dean. The former area for hospital purposes naturally drains into Bristol and should be considered in relation to plans for the future hospital services of Bristol. It is with the latter part that the report is concerned and the existing general hospitals in that area comprise voluntary hospitals at Cheltenham and Gloucester, a local authority hospital in Gloucester, and district and cottage hospitals in outlying areas. There are long waiting lists at the larger voluntary hospitals.

The maternity hospital accommodation in the County comprises two small maternity hospitals, one at Tetbury of 16 beds and one at Downend of 11 beds, and in addition there is a temporary maternity hospital of an improvised nature with accommodation for 60 patients. Small maternity units of a few beds each exist at certain of the smaller district hospitals, but the total number of maternity beds available in the administrative county is just over one hundred.

There are two Children's Hospitals available for the treatment of children, one at Gloucester, which requires replacement, and one at Cheltenham. In addition, there is a children's ward at the Cheltenham General Hospital.

In-patient treatment of a lengthy duration for orthopaedic defects in children is not available in the County, and patients are sent to the Orthopaedic Hospital School at Winford in Somerset or even further afield.

At most of the hospitals there is room for improvement, either as regards buildings, layout or equipment, and there is therefore ample scope for the re-organisation of the existing hospital service.

It is suggested in the report that the re-organisation should take the form of a Hospital Centre for the area on the following general lines :—

(a) General hospital provision with acute medical and surgical beds together with specialised departments.

(b) A children's hospital with its specialised needs met by the specialised departments of the General Hospital.

(c) A Maternity hospital.

(d) An orthopaedic hospital with fracture clinic and rehabilitation centre.

(e A cancer sub-centre.

(f) A private clinic with pay beds or a pay bed wing at the General Hospital.

In view of the fact that further hospital accommodation is required in the area for general medical and surgical cases, maternity patients and that new accommodation is contemplated for

children there is a considerable nucleus on which to base the new Hospital Centre and the population to be served would be not less than 300,000.

The present medical and surgical staffs of the hospitals at Gloucester and Cheltenham would be members of the staff of the Hospital Centre with the addition of such others as may be necessary to carry out the work of the Centre.

It is recommended, therefore, in the report that in planning the future of the hospital services of this area of Gloucestershire the following conditions should apply:—

(a) The area should ultimately be, so far as possible, a self-contained unit with its own hospital centre.

(b) All proposals of hospital boards and local authorities should conform to the general plan for the area having due regard to the services to be provided by the proposed centre.

(c) As soon as practicable, a site for the centre should be obtained and a commencement made on the establishment of general children's and maternity units to relieve pressure on existing accommodation.

(d) As the centre is developed the use to which existing hospital accommodation is to be put should have consideration.

It is considered that the Centre should be administered by a Joint Committee on the lines of the existing Joint Consultative Committee.

These recommendations and the general principles outlined in the report have been agreed by all hospitals and local authorities in the area and there is therefore a concerted view on the future organisation of hospitals which requires now only to be implemented. The views of the Surveyors of the Ministry of Health on the plan are not yet available, but steps are being taken to put the scheme into operation by the acquisition of a site situated within easy reach of Gloucester and Cheltenham, subject to the approval of the Ministry of Health.

The advantages of organising the hospital services on the lines indicated are manifold and the ultimate result will be a completely co-ordinated hospital service which is capable of being linked, in so far as highly specialised work is concerned, with a service for a much wider area. The size and nature of the centre will enable all general and most specialised services to be provided, e.g. a Radiotherapeutic Sub-Centre for the treatment of patients suffering from Cancer, and will thus prevent patients having to be sent long distances unless they require treatment of such a highly specialised character as can only be provided in a regional hospital.

It will be possible to ensure that all hospitals in the area are brought within the ambit of the centre and that the staff and services provided are readily available to any existing hospital large or small, and that a pooled service both of consultants and, if necessary, nursing is brought into being. The area to be served by the centre is partly urban and partly rural, but when it is developed it will mean that a first class hospital service is as readily available to inhabitants of rural districts as to their fellows in the towns.

The adoption of the scheme by a body representing all the diverse voluntary hospital, local authority, nursing and other interests in the area is an excellent example of mutual co-operation for the common good, and was only accomplished by each party sinking their individual interests. The time has now come for putting the plan into operation and there is already evident the same spirit of unanimity which augurs well for its future development. If the detailed plans, which will require much careful thought, can be worked out in the various stages of development with the same co-operation the result will be a hospital service in the county which will provide adequately and efficiently for the needs of the patient and one which will be readily accessible to all.

Cancer.

The Ministry of Health in February 1944 approved the scheme submitted by the County Council for the diagnosis and treatment of patients suffering from Cancer. This provides for arrangements with the Bristol Royal Hospital, the Gloucestershire Royal Infirmary and the Cheltenham General Hospital and the County Council have already accepted financial responsibility for the treatment of patients from any part of the County at the Bristol Radiotherapeutic Centre.

Conferences have been held between representatives of the County Council and of the Gloucestershire Royal Infirmary and Cheltenham General Hospital to discuss local arrangements for implementing the scheme. The Ministry of Health have issued, for the guidance of local authorities, suggestions as to the organisation to be adopted which includes centres for the preliminary investigation of patients suffering or suspected to be suffering from cancer, surgical centres at which the exclusively operative work should be concentrated and a radiotherapeutic centre with the necessary sub-centres at which treatment by both surgery and radiation should be located.

In this county the broad basis of the organisation will be that the main radiotherapeutic centre will be situated at the Bristol Royal Hospital where treatment by radiation in all its forms, including the use of radium and X-rays, is available and where a whole-time radiotherapist with the necessary staff of assistants are employed. Surgical centres will be established at the voluntary hospitals in Gloucester and Cheltenham and at the Bristol Royal Hospital. In the meantime, owing to shortages of consultants and also because ancillary services must be readily available, preliminary investigation centres will be established only at Gloucestershire Royal Infirmary and Cheltenham General Hospital for the Midland and Northern parts of the county. At a later date other centres may be established at smaller hospitals, having the necessary ancillary services. In so far as the southern part of the county is concerned, a preliminary investigation centre will require to be organised at the Bristol Royal Hospital.

The following up of patients after treatment by surgery or radiotherapy will also be undertaken at these centres, and if domiciliary visiting is necessary, it will be done by the nursing staff of the health department.

The treatment of patients suffering from Cancer will be carried out by specialists; radiotherapy by a specialist or specialists devoting the whole of their time to this branch of the work, and surgery by the recognised surgical consultants of the hospitals working in the scheme. By the organisation of teams of consultants both at the centre and in the peripheral hospitals consultation between radiotherapists, surgeons, pathologists and physicists as to the type of treatment best suited to the condition of the patient will be possible and the organisation of radiotherapy will be based on the main radiotherapeutic centre.

It is suggested that a radiotherapeutic sub-centre shall be established in the county and an application will be made to the Ministry of Health for approval of a sub-centre. Owing to lack of space at the voluntary hospitals in Gloucester and Cheltenham it will not be possible to locate the centre at either hospital and its establishment will require priority in the planning of the proposed hospital centre for the county. In the organisation of such a centre accommodation will have to be provided for in-patient and out-patient treatment. Radiotheraphy will be in the hands of a whole-time radiotherapist who will work in close conjunction with and indeed might be designated as an assistant on the staff of the main centre at Bristol.

If the scheme is organised on the lines indicated it will ensure that the appropriate treatment is readily available to the patient and will be undertaken by those best qualified to deal with the condition. Both surgery and radiotherapy will have their proper places and the close co-ordination of the work in Gloucester, Cheltenham and Bristol, the organisation of teams of con-

sultants, and the sorting and following up of patients at recognised centres will ensure a complete service for the diagnosis and treatment of Cancer. The disadvantage of patients having to travel from outlying districts of the county to Bristol for radiotherapy will be overcome when the Sub-centre for the county is established.

The radiotherapeutic centre at Bristol covers an area comprising the Counties of Gloucestershire, Wiltshire and Somerset, and the six local authorities in that area, the three County Councils and the Councils of the County Boroughs of Bristol, Bath and Gloucester have formed a Cancer Advisory Committee to deal with problems common to all authorities in the organisation of their arrangements to deal with Cancer. This Committee has met regularly and has proved its usefulness in meeting and overcoming difficulties which have arisen. It has also made possible a large degree of uniformity in the schemes prepared for each area and provided a common approach to the question of the central organisation of the radiotherapeutic work which if it is to reach a maximum of efficiency must deal with a population of some two millions.

Tuberculosis.

The number of cases of Tuberculosis notified during the year was 533 in comparison with 386 in the previous year. Of these 410 were pulmonary tuberculosis and 123 other forms. The following table sets out the notifications over the past five years :—

	Pulmonary.	*Other Forms.*	*Total.*
1940	294	113	407
1941	308	97	405
1942	256	88	344
1943	292	94	386
1944	410	123	533

The large increase in the number of notifications is disquieting, particularly when it is compared with other war years.

The control and treatment of tuberculosis in the County is the responsibility of the Joint Board for Tuberculosis, and it is therefore not a matter which can be discussed in this report, but the marked increase in the incidence of the disease in all its forms must give rise to anxiety amongst all concerned with the public health.

Venereal Diseases.

There has again been an increase in the number of patients attending clinics for Venereal Diseases. The total number of cases treated was 297 in comparison with 270 in 1943. Further details are included under a separate heading in the report.

National Health Service.

The Government White Paper on a National Health Service was published in 1944 and was considered by the Public Health Committee in April. A brief commentary on the proposals, by the County Medical Officer, was submitted to the Committee, and is included as an Appendix to this report.

The Committee forwarded to the County Councils Association representations against the proposed administration of the service which are set out in the following resolutions :—

I. Joint Health Authorities.

(a) *Appropriate Function.*—The proposed Joint Health Authority would be welcome for the purpose of planning Health Services over a wider area than is at present possible. The Authority should moreover have powers to enforce the carrying out of any approved plan in its area. It is imperative however that the executive and administrative work necessary to establish

and maintain the plan in operation should remain the function of the major local authorities in their respective areas, default powers being vested in the Minister.

(b) *Effective Exercise of full powers by Joint Authority.*—It appears only reasonable to assume that any Joint Health Authority, to be effective, will necessarily have to be established for an area appreciably larger than that of the average administrative County, and in these circumstances :—

(i) *Detailed Executive Work.*—It is not in the public interest that a centralised authority, not directly representative, should attempt to carry out detailed executive work over a wide area.

(ii) *Future Organisation of Local Government.*—It is not in the interest of Local Government that complete planning, administrative and executive powers should be vested in one Central Authority for so wide an area as a temporary expedient pending the re-organisation of the structure of Local Government. To adopt an unsound principle now may prejudice future proposals for the re-organisation of Local Government.

(iii) *Duplication.*—It seems abundantly clear that any Joint Health Authority dealing with an area of suitable size for planning purposes would be incapable of administering its area centrally. Decentralisation would have to be adopted and the Joint Authority would be compelled to set up local units parallel with and duplicating the existing machinery of the major local authorities.

(iv) *Disjunction of Health Services.*—If, as is proposed, the Joint Health Authority is solely responsible for hospitals, and the major local authorities remain directly responsible only for out-patient services, there will result inevitably an undesirable cleavage between hospital and out-patient services, which is likely to become increasingly accentuated.

II. The Department for Health.

At the present time several Government Departments are responsible for various aspects of Public Health (e.g. the Ministry of Health, Ministry of Pensions, Board of Control and Home Office). It would seem highly desirable that for the future all ministerial functions should be allocated to a single Department for National Health.

Post War Plans.

The following summary of plans for the development of the health services of the county in the post war period has been approved in principle by the Public Health Committee.

Maternity Hospital.—The establishment of a County Maternity Hospital centrally situated and capable of dealing with complicated as well as normal cases. Closely linked with this hospital and conveniently situated throughout the county should be smaller maternity units to deal with normal cases in their own neighbourhood. This will involve the establishment of new maternity units at Stroud and Cirencester and the extension of existing units at district and cottage hospitals.

Combined with the Maternity Hospital and units will be a post-natal Home for mothers discharged from hospital and who, either for reasons connected with their own health or that of the infant, require a further period of care and skilled supervision before returning to their own homes.

General and Children's Hospitals.—Participation in the plans of the Gloucestershire Joint Consultative Hospitals Committee for the establishment of General and Children's Hospitals at a Hospital Centre. This will involve financial assistance and a share in the planning and administration of the Centre.

Orthopaedic Treatment.—The establishment of an Orthopaedic Hospital School in the county to meet the needs of school children suffering from crippling defects. This unit will be combined with the treatment of adults and form a specialised centre for the reception of all types of patients requiring orthopaedic treatment.

Isolation Hospitals.—The Isolation Hospital accommodation in the county is inadequate and before the war a scheme for the development and extension of isolation hospitals was under consideration. The provision of a hundred additional beds for infectious diseases in one or more hospitals is essential to place the isolation hospitals on a sound basis.

Health Centres and Clinics.—The provision of approximately ten Health Centres and Clinics in urban areas to meet the needs of school children, maternity and child welfare services, etc. If the proposals of the Government in the White Paper are adopted, the Health Centres will form part of the National Health Service.

Nurseries.—The provision of residential nursery accommodation for children under five years on a similar, but extended, basis to that which is now in operation. The possible permanent provision of Day Nurseries in certain areas for the care of children whose mothers go out to work providing a continuation of the service which has operated in the county as a war-time measure.

Convalescent Homes.—There is no convalescent home accommodation in the County for either mothers or children, and in order to supplement the facilities available at Maternity, General and Children's Hospitals, one or more convalescent homes should be established. In any scheme of post war hospital development provision for rehabilitation must be included, and it may be that rehabilitation centres will take the place of convalescent homes, but, however it is provided, allowance must be made for post hospital care and treatment to accelerate the recovery of the patient and his return to normal life.

The above items summarise the main plans of the Committee for development, but are mainly those which will involve capital expenditure. There is scope for the development of all services in many directions and the Committee will consider from time to time such improvements and extensions of existing schemes as are necessary.

General Comments.

It has been possible in each of the previous brief reports on the health of the population issued during the war years to say that there was little or no indication of a deterioration in health and that a relatively reasonable standard was maintained. Statistics of death rates, infectious diseases, infantile mortality, tuberculosis and returns from medical inspections in schools all appeared to indicate that although progress was not being made, as would have been expected in a similar period under conditions of peace, at least there was no marked backsliding. A tendency showed itself to increases in infantile mortality, tuberculosis and the general death rate during the year 1943 and this has become more manifest in 1944.

In how far are these increases significant as indicating deterioration in the general health of the population? I think they must be taken as definite signs that a deterioration has commenced and may be progressive. It is dangerous to draw conclusions from general impressions without definite evidence to back them, but my information from doctors generally is that there is also an increase in minor ill-health and indeed in major conditions manifesting itself in the past year or two, and the general impression from visits to homes, schools, institutions, etc., is that generally there is some deterioration in previous healthy conditions. Over the past eighteen months there has been more minor illness and an increase in infectious conditions amongst young children in residential nurseries which, in conjunction with the increase in infantile mortality, is a matter for concern.

If we have reached the stage when the arrested progress in our preventive health services shows a tendency to become retrogression it is a matter of emergency that the most energetic measures be taken. Six years of war have been six years of the most intense strain on the population and although steps have been taken to protect the more vulnerable members of the community by the issue of additional protective foods, the fact remains that the population is living on the minimum amount of food necessary to maintain nutrition in normal conditions with a doubtful adequacy of those items which afford protection against disease. The difficulties are accentuated by the monotony of a diet which, whilst barely adequate, is insufficiently varied to promote appetite and which is only obtainable by the harassed housewife after much planning, hard work in queues and strained relations with her fellows.

There can be little doubt that the increase in the incidence of tuberculosis is directly attributable to war-time conditions of living, long hours of work in black-out conditions, difficulties of transport to and from work, overcrowding at home and general strain and anxiety. These factors in association with the minimum of food necessary to sustain growth, maintain nutrition and protect against infectious and other illness have produced the untoward effects on general health which have manifested themselves amongst the more susceptible members of the community in an increase in tuberculosis.

It would be unwise to disregard the signs, early and indefinite though they may be in some instances, of recession, and it would be equally imprudent to suppress them if early action to secure an improvement can be taken. It may not be within our resources at present to remedy completely these adverse factors in our lives which are contributory to a decline in health, but nevertheless every step should be taken to prevent further impairment. The earliest and most urgent need is an increase in dietary, particularly of protective foods, milk, butter, meat, cheese, eggs, and the introduction of a greater variety. Easing of the situation with regard to quantities will as a corollary ease the difficulties associated with obtaining food and other necessities and consequently lighten the burden of the housewife who is also the mother of the children whom we are anxious to protect. A powerful contributory factor to lack of complete care for the infant and young child is the strain on the time and physique of the mother in obtaining the necessities of life, and however willing, knowledgeable and anxious the women of the country may be to afford every care to the family, it has become progressively much more difficult to do so owing to other calls on their time.

There are therefore two very important urgent needs, one an increase in available foodstuffs and second easier access to the food and less strain in marketing. The difficulties in alleviating both of these hardships are well known and there are other calls on resources of food and labour, at home and abroad. Whilst not minimising the needs of others, it may be pertinent to remember that charity begins at home and that these conditions have been thrust on the people of this country who are entitled to prior consideration in alleviation of the hardships which have inevitably followed war.

Early and vigorous action also to combat overcrowding by the provision of houses is another essential in any attempt to arrest the increase of diseases such as tuberculosis and in the prevention of ill-health and premature death amongst infants and children. Stress has been laid upon the inconveniences which result from the inevitable shortage of houses, but this is of less importance, in fact, than the dangers to the health of the individual and of the community.

Conclusion.

The approach of the end of the war which became increasingly evident during 1944 inevitably turned our minds towards the problems of peace, and both locally and nationally plans are already in being, to be put into effect when the war is over. The whole structure of the health services will undergo some alteration, which with wise planning will improve the conditions of

the people both in sickness and in health. The indications are that the problems will be of increasing urgency and will need vigour in their solution, but the foundations of an efficient health service exist and the setbacks occasioned by the war need only be temporary, if it is realised that the application of the same energy is necessary as was the case in meeting the problems of war.

In conclusion I should like to record my appreciation of the loyal work of the staff of the department, not only in the past year but throughout the whole period of the war. Extra hours of work, new and urgent problems and depletion of permanent staff through the calls of the Forces have meant added strain, but all additional calls on their time have been met and difficulties surmounted without complaint.

I have the honour to be,

Your obedient servant,

H. KENNETH COWAN,
County Medical Officer of Health.

STAFF.

County Medical Officer of Health and School Medical Officer—
H. Kenneth Cowan, M.D., D.P.H.

Deputy County Medical Officer of Health and Deputy School Medical Officer—
J. S. Cookson, M.A., M.D., D.P.H., Barrister-at-Law.

Maternity and Child Welfare Medical Officer—
E. Catherine Morris Jones, M.B., B.S., D.P.H.

Tuberculosis Officers (jointly with City of Gloucester)—
W. Arnold Dickson, M.D., M.R.C.P., F.R.C.S., D.P.H. (resigned 19/10/44)
(also Medical Superintendent of Standish House Sanatorium).
E. D. D. Davies, M.R.C.S., L.R.C.P., D.P.H.
F. H. Woolley, M.R.C.S., L.R.C.P., L.D.S.

Assistant County Medical Officers—
Violet E. Cole, M.R.C.S., L.R.C.P. (temporary).
Isabel R. Gordon, M.B., Ch.B., D.P.H.
Catherine E. Hignell, M.R.C.S., L.R.C.P (temporary).
Phyllis Bowen, M.R.C.S., L.R.C.P., D.P.H. (temporary).
*S. Knight, M.B., B.S., D.P.H.
*M. L. Sutcliffe, M.R.C.S., L.R.C.P., D.P.H. } Also District Medical
N. D. Dunscombe, M.B., Ch.B., M.R.C.S., D.P.H. } Officers of Health.
J. H. Kitson, M.B., Ch.B., M.R.C.S., D.P.H.

Senior Dental Officer—
J. Fletcher, L.D.S., R.C.S. Eng. (resigned 30/9/44)

Assistant Dental Officers—
B. F. Wren, L.D.S.
H. B. Wilson, L.D.S. (resigned 15/4/44).
*D. A. Thomas, L.D.S.
Muriel S. Cosh, B.D.S.
B. E. E. White (temporary). (Appointed 23/10/44).

County Sanitary Inspectors—
*B. J. Dodsworth, C.R.S.I., M.S.I.A.
S. B. J. Davies, A.R.San.I., M.S.I.A. (temporary).

Milk Sampling Officers—

*F. W. Gooderham.
*J. I. Duberley, N.D.A.
W. A. Sylvester (temporary); (appointed 11/4/44); (resigned 31/12/44).
Kathleen M. Walkley (temporary); (resigned 6/3/44).
Edna M. Richardson (temporary).
Irene M. Bleakin (temporary).

Health Visitors and School Nurses—

Miss E. N. Doran (Supt.)
Miss M. A. Bach.
Miss K. M. Colgan (appointed 1/11/44).
Miss F. Collins (appointed 1/11/44).
Mrs. B. M. Davies (appointed 3/7/44).
Miss J. E. D. Elder (appointed 1/8/44).
Miss F. M. Ellis (appointed 1/11/44).
Miss N. M. Hills (appointed 1/11/44).
Miss M. E. George (resigned 25/10/44).
Miss E. V. Howse.
Mrs. C. Kipling (appointed 1/7/44); (resigned 5/8/44).
Mrs. L. V. Ladd.
Miss N. G. Lapham (appointed 1/6/44).
Miss E. M. Lewis.
Miss M. S. Payne (retired 11/5/44).
Miss S. M. Palmer.
Miss N. Rosser.
Miss M. S. Scott.
Miss A. Somerfield.
Miss D. G. Stephenson.
Miss E. A. Sumption Jones.
Mrs. N. Turner.
Mrs. P. E. Watkins.
Mrs. L. Wright.

Pupil Health Visitors—

Miss M. Blaze (appointed 11/9/44).
Miss M. Partridge (appointed 11/9/44).

District Nurses—97 (part-time).

Orthopaedic After-care Sisters—

Miss D. A. Rodenhurst.
Miss A. Nicholas.
Miss J. W. Storer.

Venereal Diseases Almoner—

Miss E. K. Robinson (appointed 13/3/44).

Dental Attendants—

Miss W. Freeman.
Mrs. E. M. Henchley (temporary).
Miss M. Hunt.
Miss W. G. Stephens.

Civil Nursing Reserve Organiser—

Miss J. B. Parker.

*Absent on Service with H.M. Forces.

REPORT.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres):—

Urban	24,179
Rural	749,821
	774,000

Population :—		
Registrar-General's Estimate, mid-1944 :—		
Urban	134,220	
Rural	260,770	
		394,990
Census, 1931—		
Urban	108,662	
Rural	222,037	
		330,699
Rateable Value		£2,094,012
Sum represented by a penny rate		£8,616
Extract from Vital Statistics of the year (whole County) :—		
Live Births—Legitimate		7,307
Illegitimate		601
		7,908
Birth Rate per 1,000 population		20.02
Still Births—228. Rate per 1,000 total Births		28.8
Deaths—4,839. Death Rate		12.2
Deaths from Puerperal causes :—		
Puerperal sepsis		2
Other puerperal causes		12
		14
Death Rate of Infants under one year of age :—		
All infants, per 1,000 live births		46
Legitimate infants, per 1,000 legitimate live births		44
Illegitimate infants, per 1,000 illegitimate live births		75
Deaths from :—		
Cancer (all ages)		685
Measles (all ages)		—
Whooping Cough (all ages)		9
Diarrhoea (under 2 years of age)		58

1. *Birth Rate.*

The Birth Rate for the year 1944 is 20.0 per 1,000 of the population, as compared with 18.7 in 1943.

The following table shows the comparative figures for the past five years :—

	1940	1941	1942	1943	1944
Urban	16.6	15.1	17.1	18.5	20.0
Rural	15.8	15.9	18.7	18.7	20.0
Administrative County	16.1	15.6	18.1	18.7	20.0
England and Wales	14.0	14.2	15.8	16.5	17.6

2. *Death Rate.*

The Death Rate for the year is 12.2 as compared with a rate of 12.1 last year.

The total number of deaths in the County during 1944 was 4,839 and the seven chief causes of death with the corresponding percentage of total deaths, were as follows :—

Heart Disease	29.45
Cancer (all sites)	14.15
Intracranial Vascular lesions	10.60
Bronchitis	4.82
Tuberculosis (all forms)	4.67
Violence	4.32
Pneumonia	3.62

Table of the seven chief causes of death :—

The seven chief causes of death.	Urban		Rural		Whole County		Percentage of total deaths.		
	No.	Rate	No.	Rate	No.	Rate	U	R	Whole County
Heart Disease ..	536	3.99	889	3.41	1425	3.61	30.00	29.15	29.45
Cancer—all sites ..	261	1.94	424	1.62	685	1.73	14.59	13.90	14.15
Intracranial Vascular lesions	205	1.53	308	1.18	513	1.30	11.46	10.10	10.60
Bronchitis	77	.57	156	.60	233	.59	4.30	5.11	4.82
Tuberculosis—all forms ..	85	.63	141	.54	226	.57	4.75	4.62	4.67
Violence	59	.44	150	.58	209	.53	3.30	4.92	4.32
Pneumonia	67	.50	108	.41	175	.44	3.74	3.54	3.62

3. *Infantile Mortality.*

The Infant Mortality Rate for the County is 46 as compared with 40 last year. The Rate for England and Wales for the same period is 46.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1939	75	39	174	45	249	43	50
1940	104	50	178	45	282	47	55
1941	112	47	224	49	336	48	59
1942	95	40	185	37	280	38	49
1943	104	41	190	39	294	40	49
1944	169	63	199	38	368	46	46

It will be observed from the table that the rate for Urban Districts in the County shows a sudden rise from 41 to 63, whilst the rate for Rural areas declined from 39 to 38. The general increase in the rate for the County as a whole is therefore due entirely to the increase in the Urban rate.

An examination of the causes of death of infants under one year discloses that diarrhoea and pneumonia were mainly responsible for the marked increase. Other conditions show no significant differences between 1943 and 1944, but in the case of deaths from diarrhoea under one

year the numbers increased from 12 in 1943 to 57 in 1944, and the comparative figures for Urban and Rural Districts are 1943, Urban Districts 5, Rural Districts 7; and 1944, Urban Districts 35, Rural Districts 22. The increase of 15 deaths in rural areas is offset by decreases from other causes and the general mortality rate for the rural districts has therefore shown a decrease, but in urban districts there have also been increases from other causes, particularly pneumonia with an increase of 12 deaths from 14 to 26. The rate therefore for urban districts has shown a marked rise.

The significant factor is that infantile diarrhoea should again show itself as one of the main causes of death of young infants. The symptoms noted in certain of those children who have been affected in residential nurseries and amongst a number of those admitted to children's hospitals are refusal to take food which may continue for several days followed by sudden and marked dehydration, collapse and death. Bacteriological investigation failed to disclose any of the known types of dysentery bacillus and a virus infection may be a possibility. Other children showed infection by the Sonne bacillus or suffered from some other type of bacillary dysentery.

In so far as nurseries are concerned written instructions have been issued to Matrons with regard to hygiene in the care of infants, with particular reference to preparation and handling of food, food storage and its protection against contamination, and strict personal hygiene amongst all staff, nursing and domestic, in the nurseries. Rigid attention to the rules is required in the daily routine of each nursery and written instructions are also in the possession of the Matron with regard to isolation of suspected cases of infection of any kind. In spite of these measures intestinal infections have arisen, but they are more common in the short stay residential nurseries where children are being admitted and discharged at frequent intervals.

In the general community over-crowding, poor living conditions and lack of care in the preparation and storage of food are potent factors in the production of gastro-enteritis amongst infants. There is little doubt that war-time conditions of living, which are mentioned in the earlier part of this report, are largely responsible for an increase in infantile diarrhoea, and whilst these important pre-disposing factors continue an increased incidence may be expected. Educative measures at Child Welfare Centres and in the homes of parents continue, but the shortages of medical and nursing staff amongst the civilian population are now beginning to have their effects in conjunction with the other factors mentioned.

Advances in preventive medicine and improvement in public health must be adversely affected in war and the living conditions of the population will deteriorate, but strenuous efforts at the earliest moment to arrest these tendencies are essential and the end of the war should be marked by immediate steps to secure priority in the improvement of conditions affecting the health of the people.

MATERNITY AND CHILD WELFARE SERVICES.

(a) *Midwifery.*

During the year 261 midwives notified their intention to practice in the county; 15 were employed in County Council Institutions, 182 by Voluntary Associations and 64 in private or hospital practice. Of these, 251 were resident in the county and 10 live outside the county boundary.

Again much difficulty was found in keeping the domiciliary midwifery service fully staffed, and the County Nursing Association, which undertakes this work on behalf of the County Council, are to be congratulated on the work of the midwives, who have continued to give long hours of service with little relief and in many instances taken extra duty in emergency.

It was found necessary to report a midwife, practising independently in the county, to the Central Midwives Board for serious breaches of the rules. After hearing the charges the Board

on 18th April, 1944, decided to remove her name from the Midwives Roll and cancel her certificate, but postponed sentence and asked for a report from the local Supervising Authority at the end of three, six, nine and twelve months on her conduct and methods of practice.

(b) *Ante-natal and Post-natal Examinations.*

Facilities are provided for ante-natal examinations by doctors of all expectant mothers who book midwives for their confinement. Patients are referred by the midwives to the doctors who would attend them at confinement in emergency and at least two ante-natal examinations of each patient are carried out. After confinement patients are again referred for post-natal examination. The response of expectant mothers to ante-natal examinations is satisfactory, but the numbers who avail themselves of the post-natal examination are still relatively fewer in number.

Specialist ante-natal clinics are situated throughout the county where doctors may refer patients for a second opinion and in certain urban areas the domiciliary medical service is supplemented by ante-natal clinics staffed by officers of the Health Department.

(d) *Child Welfare Services.*

The number of Child Welfare Centres in the County is 72. The following is a summary of the visits made by Health Visitors during the year :—

To children under one year of age—	
First visits	6,901
Total visits	40,794
To children between one and five years	46,579
Total visits	94,274

(e) *Pupil Health Visitors.*

It was decided in January 1944 to appoint two Pupil Health Visitors for training at Bristol University who would obtain their practical instruction in county areas adjacent to Bristol. The pupils would be fully trained nurses holding the certificate of the Central Midwives Board or Part I. of the new certificate, with a standard of general education acceptable to the authorities of Bristol University. They would be appointed for one year and the selection of candidates would be made in consultation with the authorities of the University.

Candidates were interviewed later in the year and the pupils commenced their training at the University in September. It is hoped that the scheme may be continued and extended in future years.

(f) *Residential Nursery.*

It was decided by the Maternity and Child Welfare Committee to establish a residential nursery for children from homes where domestic difficulty had arisen through confinement or other causes, for illegitimate children pending adoption and for children who for other reasons required admission to a nursery for a limited period. The Committee decided to purchase a property in the County and adapt it for this purpose, and at the end of the year negotiations for its acquisition were still in progress.

To meet the needs of these children in the meantime, another house has been rented and equipped to deal with twenty-five children. When the property for the permanent nursery has been adapted it will provide accommodation for thirty children under five years and provision can also be made for the reception of six mothers where this is essential for the welfare of the children.

VENEREAL DISEASES.

The following table shows the number of new cases of venereal disease attending clinics in the County during the past five years :—

	Syphilis.	*Gonorrhoea.*	*Total.*	*Not V.D.*
1940	60	125	185	44
1941	69	155	224	91
1942	84	167	251	99
1943	94	176	270	246
1944	84	213	297	324

There has been a further increase in the number of patients attending clinics in 1944 and a marked increase in those found not to be suffering from venereal disease. The publicity given to this subject both nationally and locally is undoubtedly responsible for the increase in the latter figure during the past two years.

In 1944 a campaign of publicity and propaganda was undertaken in the County by the Central Council for Health Education on the invitation of the Public Health Committee. Factories in the County were visited and talks and films shows given to the workers and literature was distributed amongst men and women workers. Posters and other publicity material were also distributed for display throughout the County. Lecture courses by women speakers were also organised through the Federation of Women's Institutes, and the Public Health Committee contributed largely to the expenses incurred.

The appointment of a Social Worker to follow up cases and contacts and offer help and advice has enabled informal action to be taken in cases where one notification only has been received under Defence Regulation 33B and has also resulted in more attention being paid to defaulters from attendance at clinics. The Social Worker also carries out initial visits to those persons who are the subject of two notifications under the Defence Regulation with a view to persuading them to attend a clinic for treatment. Where this is unsuccessful and formal notice has to be served on the contact, this is done by a member of the medical staff, since it is considered undesirable that the Social Worker should be identified with action which is of a formal character and may result in legal proceedings.

It is found that in the majority of cases informal visits are sufficient to ensure that the patient attends for examination but formal action has been necessary in several instances, and in two cases proceedings have been taken against contacts who did not comply with instructions given under the Defence Regulation. In these cases the defendants were sentenced to imprisonment for three months.

HOUSING.

In accordance with the suggestion made in Ministry of Health Circular 64/44 a conference of representatives of Rural District Councils and of the County Council was held at Gloucester in October, 1944, with a view to the establishment of a Joint County Committee. As a result the Gloucestershire Rural Housing Joint Committee was set up and Technical Sub-Committee appointed.

The Joint Committee have considered the arrangements to be made in connection with the survey of housing conditions in rural areas and the Technical Sub-Committee will in 1945 produce for the Joint Committee a report on standards of fitness which will form the basis of the survey.

The constitution of the Committee is similar to that suggested in the third report of the Rural Housing Sub-Committee of the Central Housing Advisory Committee and the functions will comprise all those matters suggested in that report, including the adequacy of housing programmes within the County and arrangements for mutual aid between authorities.

It will be apparent that the rate of progress in the repair and re-conditioning of houses and also in the provision of new houses will depend on the rapidity with which the surveys can be completed, and for this reason it is essential that adequate staff shall be made available to district councils for carrying out the necessary inspections. It is hoped to be able to report substantial progress in my next Annual Report.

WATER SUPPLIES.

In July, 1944, the County Council appointed Mr. H. J. F. Gourley to prepare a general survey of the water resources of the County, and it is hoped his report will be available early in 1945.

In the meantime all proposals of local authorities under the Rural Water Supplies and Sewerage Act, 1944, will be examined by Mr. Gourley as to their suitability from the point of view of the County as a whole, in order to ensure that proper co-ordination is achieved and that the available water resources will be used to the greatest advantage.

Several schemes are under consideration and have been the subject of conferences with the authorities concerned. It is hoped in the Annual Report for 1945 to report fully on extensions proposed to existing schemes and on new proposals in various districts.

CIVIL DEFENCE.

The arrangements outlined in previous reports for the provision of first aid and rescue services throughout the County continued throughout the year. In the early part of 1944 hospitals in the County were prepared for the reception of casualties from the continent as a result of invasion and several conferences took place with the Hospital Officer of the Ministry of Health. In fact, very few casualties were received into county hospitals after the event and towards the end of the year several hospitals were released from the E.M.S. scheme.

The advent of flying bombs and rockets on Southern England resulted in further organised evacuation from the affected areas, and some thousands of women and children were received into the County in special parties. The arrangements made, as the result of previous experience, for medical examination and care proceeded smoothly and no difficulty occurred in affording medical treatment where necessary or in providing facilities for confinement for expectant mothers.

The war-time and residential nurseries already provided for the reception of children of war workers and children from danger areas continued in operation and the arrangements for supervision by the staff of the department ensured that the care afforded was satisfactory.

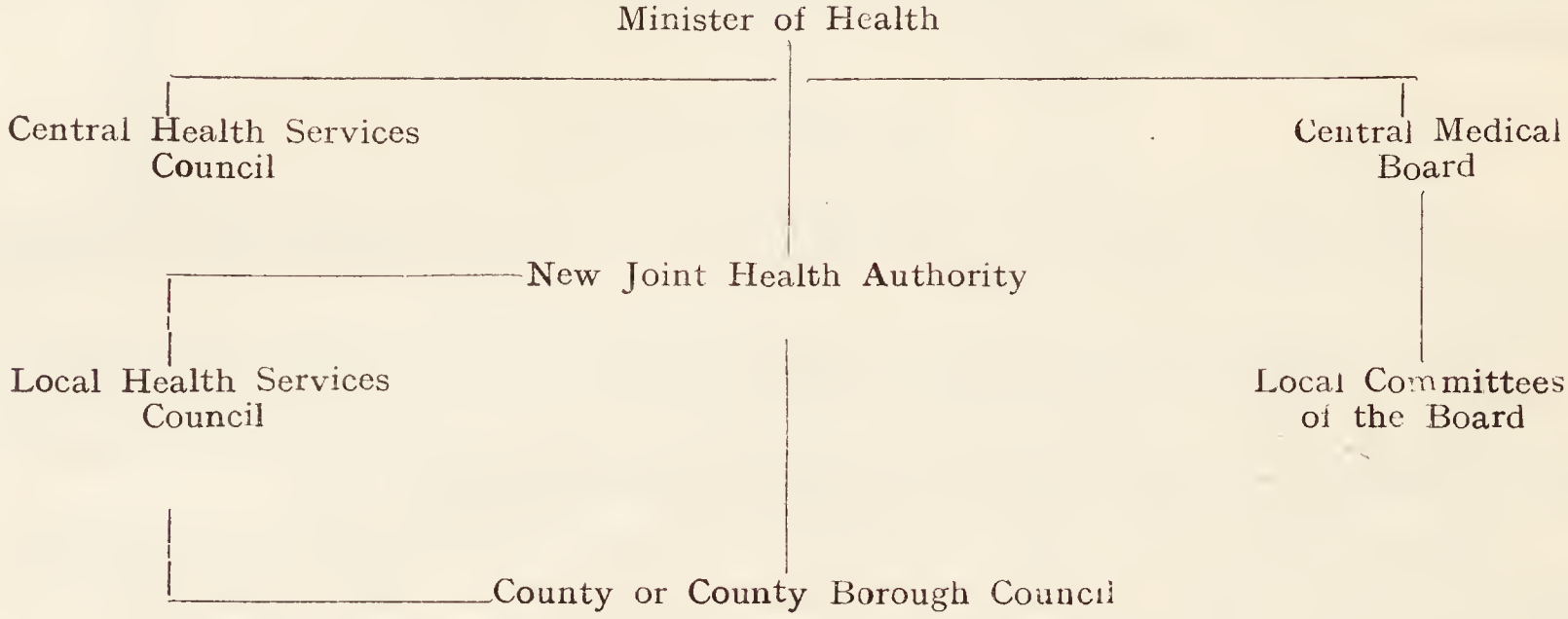
APPENDIX.

A NATIONAL HEALTH SERVICE—GOVERNMENT WHITE PAPER.

1. The Government have issued their proposals for a National Health Service in the form of a White Paper. They will welcome constructive criticism and wish the proposals to be discussed both in Parliament and in the country.

2. The most important aspects of the Scheme, in so far as local authorities are concerned, are the proposals for the administration of the National Health Service and the re-distribution of responsibilities for various parts of the Service between different types of local authority and combinations of local authorities.

3. It is proposed that central responsibility for the new service shall rest on the Minister of Health, but the principle of local responsibility for the major portion of the health services will continue with modifications. The organisation is represented diagrammatically as follows :—



4. The Minister of Health will be advised by a Central Health Services Council, its function will be to express the expert view on technical aspects of the Health Service. It might consist of some thirty or forty members and will not be wholly medical. The Council will be appointed by the Minister after consultation with the appropriate professional bodies.

5. In the local organisation the Government state they have been anxious to interfere as little as possible with the shape of local government and have set out to base the new service as far as possible on the existing major local authorities, County and County Borough Councils. The requirements of the service will demand for certain purposes larger areas of operation or planning than the present Counties and County Boroughs can usually provide and for these purposes it will be necessary for Counties and County Boroughs to act in combination as Joint Authorities.

6. The new Joint Authority will be charged with the responsibility to examine the general needs of the area from the point of view of the health service as a whole. It will have the duty of producing in consultation with the local authorities and others concerned a plan for a related service of all kinds and this will need the approval of the Minister.

7. The needs for wider areas of administration and planning and for Joint Authorities are based largely on the requirements of the hospital services which, the Government say, must be organised to cover a population and financial resources sufficient for an adequate service and for the blending of town and country requirements and to allow of most of the varied hospital and specialist services being organised within its boundaries.

8. The area of the Joint Authority will be settled by the Minister in consultation with local interests and the membership of the Joint Authority will be restricted to elected members of constituent councils. The existing powers of local authorities in relation to hospital services, including maternity hospitals, tuberculosis, infectious diseases and mental health, will pass to the joint authorities together with the existing hospitals and other institutions concerned.

9. The remaining services which are referred to by the Government as local, i.e. clinics and domiciliary services, together with provision and maintenance of health centres will be the responsibility of County and County Borough Councils. Tuberculosis dispensaries, mental clinics and cancer diagnostic centres will, however, become the responsibility of the Joint Authority

because, the Government say, they are the "out-post" service and should go with the parent hospital service. Maternity and Child Welfare Clinics, School Medical Services, Domiciliary Midwifery and Home Nursing will remain with local authorities, with certain modifications as to the relationship between County and County Borough Councils and the minor authorities.

10. The local administrative machinery, therefore, for the new service will comprise a Joint Health Authority to examine the general health needs of the area, to prepare and submit a plan for *all* the services to the Minister and to provide hospital and consultant services for the whole area including maternity, tuberculosis, infectious diseases, mental and cancer services. The Joint Authority will become the owners of all local authority hospitals and will be the planning authority for the local services. The constituent local authorities will be left with the responsibility for the local services, maternity and child welfare, school medical inspection, local clinics, domiciliary midwifery, home nursing, and they will provide and maintain the new Health Centres where group practice in some form will be undertaken.

11. As the counterpart of the Central Health Services Council to be established centrally there will be a local Health Services Council to cover the area of the Joint Health Authority. This will be a local expert technical body to advise on matters referred to them by the Joint Authority or other local authority in the area and to initiate advice on any matters within their expert province. The joint authority will be required to consult them on the area plan for the local health service which it submits to the Minister.

12. It is obvious that this part of the Government White paper requires the closest examination by local authorities, since, notwithstanding their expressed wish to interfere as little as possible with the existing machinery of local government, radical and far-reaching proposals which will effect fundamental changes are contemplated.

13. Appendix C to the white paper examines possible methods of securing local administration over larger areas than those of present local government, and sets out some of the disadvantages of administering local services by statutory joint authorities. The main objections to this form of administration are that it is "undemocratic," the less effective members of constituent councils are attracted to the joint board and the powerful weapon of precepting on constituent authorities for funds weakens the board's sense of responsibility. These objections are answered by the statement that the remedy lies in the hands of the constituent authorities and in theory that may be so. The most salient objection that, whilst a larger area may be necessary for hospital services, these may become separated from the main machinery of local government is dismissed on the plea that the need for a new health service is an urgent one and can be adapted to any changes in local government at a later date.

14. It will be agreed that re-organisation of the health services is a necessity, but it will not be so readily agreed that the urgency of this need justifies the acceptance of an unsound principle of local government. Much is said in the white paper of the need to avoid a "criss cross" pattern of health services through the establishment of differing authorities for different purposes, but if it is the intention of the government to reform each national or local service by the expedient of appropriate authorities governing suitable areas, as would appear to be the case in the reforms so far contemplated, Education and Health, then an intricate web of local authorities and joint boards with differing powers over various areas will eventuate and the present system of local government with all its defects will be replaced by an impossibly intricate and unwieldy system with all the existing disadvantages of divided authority and without the present merits of local interest and voluntary service.

15. The arguments for the establishment of a joint health authority, as constituted, are based entirely on the need for planning over wider areas, but the weakness of the case lies in the proposal to add executive functions to the planning authority. If it is agreed that the needs of

the community for health services must be examined on the basis of large populations and wide areas and that plans for re-organisation must be formulated on this basis it does not necessarily follow that executive functions must also be undertaken by bodies planning such areas.

16. If joint health authorities are to have executive functions and control the bulk of the personal and institutional services over enlarged areas they will require technical and clerical staffs on a large scale for the formulation of plans, their execution and the day to day supervision of the activities of the joint authority. Before a single development of the new health service can take place the non-existent authorities must be established, must appoint their staffs and must examine the needs of the area not from the point of view of each constituent district but as a whole. If they are to operate these services it is essential that the executive staffs shall be responsible, from the outset, for their initiation and for putting them into effect.

17. It is submitted that the object to be attained, the co-ordination and development of the health services on the broadest possible basis taking into account the natural trend to hospitals of populations without regard to local government boundaries and the closest linking of domiciliary and out-patient services with those of hospitals, will be better achieved by making the Joint Health Authority a planning authority only and leaving the executive responsibility to County and County Borough Councils.

18. This will avoid the cleavage between domiciliary and out-patient services, preventive health measures and health education on one hand and the hospital and allied services on the other, which must result from their division in the same areas between at least two different authorities. In this connection it is pointed out that certain public health powers are apparently to be retained by Urban and Rural District Councils adding a third health authority in each county.

19. If the joint health authority is restricted to the preparation of plans and the government take powers to ensure they are put into operation by constituent authorities, such future re-organisation of local government as may be considered necessary will not be anticipated and the dissolution of joint health authorities as executive bodies in the future, with all the consequent confusion, will be avoided. Moreover, the future of other local services will not be prejudiced by the acceptance of the principle of joint governing bodies which may be unsuited to their development.

20. The machinery of administration of the new service is vital to its success in operation and the doubt as to the wisdom of the establishment of joint health authorities with their contemplated powers is illustrated by the devotion of Appendix C of the White Paper to an attempted justification for this course and the conclusion "that (temporarily at least) the joint board seems to be the only practicable means of doing this," is to say the least unconvincing.

21. That the same object can be obtained without drastic changes in existing machinery and with at least equal success is apparent from steps already taken and plans formulated in this County and in the West of England for two of the important services mentioned in the White Paper, hospitals and the treatment of cancer.

22. The Committee are aware that a plan for the co-ordination of hospital services in Gloucestershire has been formulated which will ensure complete co-operation between voluntary and local authority hospitals services in the County and will link with the Bristol Medical School and the hospital services of Bristol, thus ensuring that specialised services will be readily available to the community and still remain as a local service under local control. It is entirely unnecessary for the proper operation of this service to transfer it to a new authority and this course would, in fact, be prejudicial to its success.

23. A scheme for the treatment of cancer in accordance with the Cancer Act, 1939, is practically completed for the West of England centred upon the Bristol Royal Hospital and brought to fruition by free consultation between the three County Boroughs and Counties concerned. It is of interest to note that a suggestion made at a conference between the Ministry of Health and local authorities, at an early stage of the discussions, for the establishment of a Joint Board to operate the scheme was unanimously rejected by the local authorities concerned as likely to hinder the successful operation of the scheme.

24. If comprehensive services for large populations can be planned by local authorities in consultation and if steps are taken to ensure that they are put into operation by the local authorities, there is no justification for the introduction of a doubtful or unsound principle into local government particularly as a temporary measure.

25. The Gloucestershire Joint Board for Tuberculosis is a local example of a joint health authority for a single purpose and the Committee from their own experience are in a position to judge if this has been a useful measure from the point of view of a co-ordinated health service for the County.

26. The Committee should, therefore, consider whether or not they favour the establishment of a joint health authority to plan all and administer certain of the health services over a wide area leaving other services to be administered by the constituent local authorities and a residue to remain as the function of District Councils.

27. Other points in the Government White Paper which directly concern the local authority are the proposals to establish Health Centres where group practice will be carried out by medical practitioners. The design of a Health Centre will provide for individual consulting rooms, reception and waiting rooms, simple laboratory work, nursing and secretarial staff, telephone services as well as facilities for minor surgery and other ancillaries. The Centres will normally be provided and maintained by County and County Borough Councils but the provision and distribution will be planned by the Joint Health Authority.

28. The proposals of the Government for Health Centres are largely concerned with the terms of service of practitioners who will work in such Centres and little is said as to the scope of such Centres, or if, or how they are to be linked with the preventive health services of the local authority. The Committee will no doubt agree that such Centres should combine both preventive and curative work and should not simply be communal doctors surgeries.

29. After the establishment of the Centre the appointment of a new doctor to the Centre will be made jointly by the Central Medical Board and the Council administering the Centre, and similarly the termination of his engagement at the Centre (except where the doctor himself wishes to bring it to an end) will rest with these two bodies or, if they fail to agree, with the Minister. The contract will have to be a three party one between the doctor, the Central Medical Board and the Council.

30. In so far as "clinic and other services" are concerned, the Government propose that Maternity and Child Welfare Clinics will continue to be administered by local authorities and responsibility for them will lie wherever the related functions of child education are made by Parliament to lie under the new Education Bill. Under the proposals in that Bill, as they stand now, this will mean that the County and County Borough Councils will be the authorities primarily responsible but that arrangements will be made in suitable cases for delegating much of the practical care of the service to some of the existing authorities, within the Counties, which have hitherto carried the responsibility and which have accummulated good experience and local interest.

31. The practical effect in this County of the proposal will be, presumably, that the Maternity and Child Welfare services will continue to be undertaken by the County Council for the whole County with the exception of the Borough of Cheltenham which is an existing authority for Maternity and Child Welfare.

32. The School Medical Services will be retained by Education Authorities, but, from the time the new health service is able to take over its comprehensive care of health, the child will look for its treatment to the organisation which that service provides and the education authority as such will give up responsibility for medical treatment.

33. In both the Maternity and Child Welfare and the School Medical Services it is suggested that the general medical practitioner will be more closely associated than has been the practice in the past. There will require to be more opportunity for the family doctor to acquire special experience in children's wards of hospitals and in general child welfare subjects.

34. In this County the Child Welfare Centres and School Clinics are already staffed by general practitioners and there will thus be no radical alteration in these services, but the proposed provision for post-graduate training and refresher work for doctors in these subjects is welcome.

35. The whole of the tuberculosis service including dispensaries will pass to the Joint Health Authority and the local authority will cease to have any responsibility for them and isolation hospitals will similarly be administered in future by the Joint Health Authority. The notification and control of the spread of infectious diseases which is at present undertaken by District Councils and forms an important part of their public health activities, will be taken over by County Councils.

36. No definite proposal is made with regard to the future administration of the present service for the prevention and treatment of Venereal Diseases but it is likely that this service will also pass to the Joint Health Authority.

37. It will be apparent that, notwithstanding the avowed wish of the Government to interfere as little as possible with the shape of local government, there will be a profound disturbance in practically every form of health service administered by local authorities and a vast upheaval of existing machinery, with results which could as readily be obtained with much less drastic treatment.

38. Local Authorities and the associations of local authorities will no doubt express their views to the Government on the implications and results of the proposals and it is suggested the Committee might consider it useful to make recommendations to the County Councils Association on the proposed administration of the new services.

39. Voluntary hospitals will be included in the plans of the Joint Health Authority and their part in the new service will be defined but they will not be compelled to participate. Where a voluntary hospital agrees to participate it will contract with the Joint Authority to provide the services specified in the plan and will abide by conditions applying to all hospitals in the country.

40. A voluntary hospital accepting these arrangements will receive certain service payments from the Joint Authority less in amount than the total cost of the service rendered, together with assistance from central funds. The voluntary hospital will still rely in large measure on its own resources, personal benefaction and on the continuing support of all who believe in the voluntary hospital movement. No mention is made of the contributory schemes which will

presumably cease as such since the personal contributions of each individual under the social insurance scheme will include hospital service in the health benefit.

41. The anomalous position will therefore arise of voluntary hospitals, forming part of a national health service and being subject to inspections by specially appointed inspectors having to rely in large measure on funds provided from charitable sources. There is already evidence that the associations of voluntary hospitals will require considerable modification of these proposals before acceptance.

42. The national health service will be financed from three sources, social insurance scheme, the tax payer and the rate payer and it is estimated that the total annual cost will be not less than £132 millions as compared with about £55 millions from public funds spent on the present health services. Of this, £132 millions about £70 millions will be spent by the new joint authorities on the hospital, consultant and other services which they will provide and maintain themselves, including payments made to voluntary hospitals for their services under the area plan. About £22 millions will be spent by County and County Borough Councils on the Services for which they are to be directly responsible. The State will itself spend directly about £30 millions on the new general practitioners service and the remaining £10 millions is the part of the expenditure of voluntary hospitals which will be met by a direct grant from the State, arrangements for which are set out in the White Paper.

43. The totals of the funds to be disbursed by Joint Health Authorities and local authorities £70 millions and £22 millions respectively give a significant indication of their respective responsibilities and of the difficulties which are likely to follow the abandonment of the temporary expedient of joint authorities, as envisaged by the government, when the time is ripe.

44. It is anticipated that the total of £132 millions will be raised as follows: Social Insurance Scheme £36 millions, Taxpayer £48 millions, Ratepayer £48 millions.

45. In this brief commentary on the Government White Paper no attempt has been made to deal with the purely professional aspects of the proposals as they affect the general body of doctors in the country. These are the subject of discussion by professional bodies and the conclusions reached will be laid before the Government when all professional organisations and individual doctors have expressed their views.